

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/590,294-Conf. #6809
	Filing Date	August 14, 2007
	First Named Inventor	Pablo A. Meouchi Saade
	Art Unit	1621
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	21879-00070-US1

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: **30678**

**NOTE:** This immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)                | <input type="checkbox"/> 10.40(b)(3)                                  | <input type="checkbox"/> 10.40(b)(4)     |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii)            | <input type="checkbox"/> 10.40(c)(1)(iii)                             | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input checked="" type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                                  | <input type="checkbox"/> 10.40(c)(3)     |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)                | <input checked="" type="checkbox"/> 10.40(c)(6) Please explain below: |  |

#### Certifications

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment. **Nothing is due.**
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled. **Blocked. Please see below and attached.**
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond. **Nothing is due.**

Please provide an explanation, if necessary:

**Nothing is due. Blocked by the US Department of the Treasury's Office of Foreign Assets Control. Please see attached letter dated July 15, 2010.**

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

**Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.**

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

B.	<input checked="" type="checkbox"/> Inventor or Assignee Name	Pablo A. Meouchi Saade		
Address	Sierra Cayambe, No. 11 Colonia Jardines de la Montana 14210 Mexico, D.F. MEXICO			
City	State	Zip	Country	
Telephone		Email		
I am authorized to sign on behalf of myself and all withdrawing practitioners.				
Signature	/Burton A. Amernick/			
Name	Burton A. Amernick	Registration No.	24,852	
Address	Connolly Bove Lodge & Hutz LLP 1875 Eye Street, NW Suite 1100			
City	Washington	State	DC	Country US
Telephone		(202) 331-7111		
Date		August 2, 2010		Telephone No. (202) 331-7111
<b>NOTE: Withdrawal is effective when approved rather than when received.</b>				